



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Providers of Maternal Infant Care Coordination (MICC) services participating in the Virginia Medical Assistance Programs, including Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, Department of Social Service, Case Management Providers, Private Home Health Agencies and Community Service Boards.

High risk maternity and infant program managers of the Medicaid Managed Care Organizations (MCOs)

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

DATE: 1/31/2007

SUBJECT: BabyCare Mileage Rate Increase – Effective February 1, 2007

The purpose of this memorandum is to notify Medicaid BabyCare providers of the increase in mileage reimbursement when providing Maternal Infant Care Coordination (MICC) services, which will take effect on 2/1/07. The changes identified in this memorandum will be reflected in an upcoming BabyCare Provider Manual update.

DESCRIPTION OF MICC SERVICES

High risk pregnant women and infants, up to age two, who are Medicaid Fee for Service (FFS), FAMIS FFS, or FAMIS MOMS eligible, may be enrolled in the MICC program to receive a variety of services to ensure positive birth outcomes. MICC services include a clinical assessment and intensive case management services, which includes home and/or face-to-face visits. MICC providers may include Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, Department of Social Services, Case Management Providers, Private Home Health Agencies, and Community Service Boards. Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs that offer services comparable to DMAS BabyCare.

MILEAGE RATE INCREASE

Beginning with dates of service on or after February 1, 2007, the mileage reimbursement rate will be increased from \$.33/mile to \$.49/mile for recipients enrolled in DMAS MICC and are fee-for-service. This new rate is consistent with the current state rate for mileage reimbursement. MICC providers should continue to use the procedure code S0215 to bill for mileage for any clients enrolled in MICC who receive services on or after July 1, 2006. Providers should not use procedure code A0160 for dates of services on or after July 1, 2006. If the code is used, the former rate of \$.22/mile will be paid. Procedure code S0215 will pay only if care coordination (G9002) has paid for the same date range. See the attached chart for complete BabyCare billing information.

MANAGED CARE ORGANIZATIONS

Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs. Each MCO has established authorization and approval requirements for these programs. In addition, in order to provide services to managed care clients, providers must have a contract with the MCOs. Providers should contact the appropriate MCO about the requirements of their maternity and infant program. MCO rates are not subject to change with DMAS rate changes for MICC.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid provider identification number available when you call.

All claims questions or concerns will be referred to the DMAS HELPLINE.

PROVIDER E-NEWSLETTER SIGN-UP

The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

DMAS BabyCare Procedure Codes, Service Limits and Rates

BabyCare: Risk Screen

Service	Procedure	Service Limits*	Reimbursement
Risk Screen Maternal	99420	5/11 months	\$10.87
Risk Screen Infant	99420	2/11months	\$10.87

BabyCare: Maternal and Infant Care Coordination (MICC)

Service	Procedure	Service Limits*	Reimbursement
Care Coordination Assessment and Service Plan	G9001	One	\$25.00
Monthly Care Coordination Maternal	G9002	11 months	\$1.35/day (bill for days open to care coordination)
Monthly Care Coordination Infant	G9002	24 months	\$1.35/day (bill for days open to care coordination)
Home Visit Travel (For dates of service before 7/1/06.)	A0160	Mileage can only be billed in conjunction with care coordination services.	\$.22/mile
Home Visit Travel (For dates of service 7/1/06 and after.)	S0215	Mileage can only be billed in conjunction with care coordination services.	\$.33/mile: 7/1/06 – 1/31/07 \$.49/mile: Begin 2/1/07

***Maternity Services not to exceed 60 days postpartum and must be initiated during pregnancy. Infant Services not to exceed age two.**

DMAS BabyCare Procedure Codes, Service Limits and Rates

BabyCare: Expanded Prenatal Services

Service	Procedure	Service Limits*	Reimbursement
Preparation for Childbirth class	S9442	Six Sessions	\$6.00/session
Smoking Cessation class	S9446	Six Sessions	\$6.00/session
Preparation for Parenthood class	S9446	Six Sessions	\$6.00/session
Nutritional Assessment	97802	One visit	\$12.24
Nutritional follow up visits	97803	Two visits	\$12.24
Homemaker Services	S5131	4 hours/day; 31 days/124 hours *Needs pre-authorization for over 31 days/124 hours	\$8.25/hour

***Maternity Services not to exceed 60 days postpartum and must be initiated during pregnancy. Infant Services not to exceed age two.**